Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
JOSEPH TOBIN, MD

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-15-0930-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
NOVEMBER 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We disagree that the documentation does not support our billed service of CPT 99214…The 2 pages of medical notes indicate that a detailed medical examination was done a review of 14 systems was done, pulse, respiratory weight, height, a history of the injury, a physical examination including a check of the rotation for the shoulder. In addition, a recommendation for surgery was discussed not just with the patient but with the Dr. Cho. Patient's general treating physician from workers comp. This was decision making of moderate if not high complexity. In addition we billed CPT 99362 for the peer to peer with Dr. Cho which workers comp requested that Dr. Tobin have a discussion with Dr. Cho to discuss his treatment recommendations and surgical recommendations."

Amount in Dispute: $293.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "1. The requestor billed code 99214. Texas Mutual denied payment of the code. The History is one 1 chronic problem, the HPI is specific to location only while the ROS and PFSH are complete. This makes the History inconsistent with respect to assignment to one of the four categories –problem focused, etc. There are no physical exam findings submitted with the bill to Texas Mutual or in the DWC60 packet. The AMA CPT requires 2 of 3 of the following components for 99214: detailed history, detailed exam, and moderate medical decision-making. Since the history and exam sections are incomplete then no detailed history is documented and detailed exam is documented. No payment is due. 2. The requestor billed code 99362, a case management code, for a peer to peer discussion over proposed shoulder surgery. Texas Mutual denied payment of the code because it doesn't meet the criteria for case management. Rule 134.600(a)(9) states in part that a reasonable opportunity must be afforded the provider of record, the requestor, an opportunity to discuss the services under review with the utilization review agent during normal business hours prior to issuing a prospective adverse determination. The Rule requires the carrier to do this. The requestor considers it a billable event. Texas Mutual argues the provider of record cannot expect payment for an administrative requirement. Further, section 19.2010 of the URA Rule of the Texas Insurance Code also echoes the wording of Rule 134.600. No payment is due."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2014	CPT Code 99214 Office Visit	$143.00	$0.00
	CPT Code 99362-W1 Medical Conference	$150.00	$0.00
TOTAL		$293.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - CAC-W1-Workers compensation state fee schedule adjustment.
   - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
   - CAC-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
   - CAC-150-Payer deems the information submitted does not support this level of service.
   - 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
   - 350-Bill has been identified as a request for reconsideration or appeal
   - CAC-W3-In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal..
   - 744-Does not meet the definition of case management per DWC Rule 134.202 and/or 134.204.
   - 890-Denied per AMA CPT code description for level of service and/or nature of presenting problems.
   - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - 891-No additional payment after reconsideration.

5. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on November 26, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Issues

1. Does the documentation support billing code 99214? Is the requestor entitled to reimbursement?
2. Did the requestor support billing code 99362-W1 in accordance with 28 Texas Administrative Code §134.204? Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the office visit rendered on March 26, 2014 based upon the documentation did not support level of service billed.

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 99214 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family."

The requestor states that "The 2 pages of medical notes indicate that a detailed medical examination was done a review of 14 systems was done, pulse, respiratory weight, height, a history of the injury, a physical examination including a check of the rotation for the shoulder. In addition, a recommendation for surgery was discussed not just with the patient but with the Dr. Cho. Patient's general treating physician from workers comp. This was decision making of moderate if not high complexity."

The respondent contends that reimbursement is not due because "The History is one 1 chronic problem, the HPI is specific to location only while the ROS and PFSH are complete. This makes the History inconsistent with respect to assignment to one of the four categories –problem focused, etc. There are no physical exam findings submitted with the bill to Texas Mutual or in the DWC60 packet. The AMA CPT requires 2 of 3 of the following components for 99214: detailed history, detailed exam, and moderate medical decision-making. Since the history and exam sections are incomplete then no detailed history is documented and detailed exam is documented."

A review of the submitted medical report finds that the requestor did not document two of the three key components required for CPT code 99214. As a result, reimbursement is not recommended.

2. 28 Texas Administrative Code §134.204(e)(2) states: "Case Management Responsibilities by the Treating Doctor is as follows: Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee."

   28 Texas Administrative Code §134.204(e)(4) states "Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows: (B) CPT Code 99362. (i) Reimbursement to the treating doctor shall be $198. Modifier "W1" shall be added. The requestor billed CPT code 99362-W1.

   The requestor states that "I had a discussion with Dr. Cho on the phone today and I explained to Dr. Cho that as [Claimant's] treating physician I can make recommendations to take care of him or Dr. Cho can take over and assume his care."

   A review of the February; 13, 2014 report indicates that "…we have received a letter from Dr. Mickey Cho, who is reported as an Orthopedic Surgery Reviewer from Coventry Worker's Comp Services our of Tampa, FL. He has denied [Claimant's] surgery."

   The respondent states "The requestor billed code 99362, a case management code, for a peer to peer discussion over proposed shoulder surgery. Texas Mutual denied payment of the code because it doesn't meet the criteria for case management. Rule 134.600(a)(9) states in part that a reasonable opportunity must be afforded the provider of record, the requestor, an opportunity to discuss the services under review with the utilization review agent during normal business hours prior to issuing a prospective adverse determination. The Rule requires the carrier to do this. The requestor considers it a billable event. Texas Mutual argues the provider of record cannot expect payment for an administrative requirement. Further, section 19.2010 of the URA Rule of the Texas Insurance Code also echoes the wording of Rule 134.600."

   The Division reviewed the documentation and finds that a peer to peer telephone request for preauthorization does not meet the definition of case management per 28 Texas Administrative Code §134.204(e).

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		04/10/2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.